STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	009669	A. BUILDING: _____ B. WING _____	C 01/22/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TANGLEWOOD TRACE	530 W TANGLEWOOD LN MISHAWAKA, IN 46545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
R 000	INITIAL COMMENTS This survey was for the Investigation of Complaint IN00140107 and Complaint IN00141715. Complaint IN00140107 - Substantiated. No deficiencies related to the allegations are cited. Complaint IN00141715 - Substantiated. No deficiencies related to the allegations are cited. Survey dates: January 21-22, 2014 Facility number: 009669 Provided number: N/A AIM number: N/A Survey team: Honey Kuhn, RN Census bed type: Residential: 86 Total: 86 Census payor type: Other: 86 Total: 86 Sample: 3 Tanglewood Trace was found to be in compliance with 410 IAC 16.2 in regard to the Investigation of Complaint IN00140107 & Complaint IN00141715. Quality Review 01/22/14 by Lisa McColly	R 000		